



CITY OF KETTERING

APPLICATION FOR APPOINTMENT TO:

- | | |
|--|--|
| <input type="checkbox"/> Arts Council | <input type="checkbox"/> Planning Commission |
| <input type="checkbox"/> City Council | <input type="checkbox"/> Plumbers' Registry Board |
| <input type="checkbox"/> Civil Service Commission | <input type="checkbox"/> Sister City Committee |
| <input type="checkbox"/> Community Relations Board | <input type="checkbox"/> Tax Appeals Board |
| <input type="checkbox"/> Partners for Healthy Youth Advisory Board | <input type="checkbox"/> Volunteer Advisory Council |
| <input type="checkbox"/> Property Maintenance Board | <input type="checkbox"/> Volunteer Celebration Committee |
| <input type="checkbox"/> Parks, Recreation and Cultural Arts
Advisory Board | <input type="checkbox"/> Zoning Appeals Board |
| <input type="checkbox"/> Personnel Appeals Board | <input type="checkbox"/> _____ |

TO: COUNCIL OF THE CITY OF KETTERING, OH: DATE: _____

Name: _____ Home Telephone: _____

St. Address: _____ Zip Code: _____

E-Mail Address: _____

Employer: _____ Business Telephone: _____

St. Address: _____ Zip Code: _____

City & State: _____ Title: _____

Educational Background: _____ Length of Residence in Kettering: _____

High School: _____

College or Training: _____

<u>Previous Employers</u>	<u>Title</u>	<u>Years</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Civic Participation, Interests & Activities: _____

My qualifications for this appointment: _____

Reasons I would like to be considered: _____

Please feel free to attach additional information.

Signed: _____